



Complete Summary

TITLE

Diabetes mellitus: percentage of members with diabetes (Type I and Type II) who have optimally managed modifiable cardiovascular risk factors (HbA1c, LDL cholesterol, blood pressure control, aspirin use and documented non-tobacco use).

SOURCE(S)

HealthPartners. 2005 clinical indicators report: 2004/2005 results. Bloomington (MN): HealthPartners, Inc; 2005 Oct. 82 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Process

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of members with diabetes (Type I and Type II) age 18 through 75 years who have optimally managed modifiable cardiovascular risk factors (HbA1c, LDL cholesterol, blood pressure control, aspirin use [age greater than 40 years] and documented non-tobacco use).

RATIONALE

Diabetes is a complex disease that can affect many systems of the body, and is the seventh-leading cause of death in the United States. Improved compliance with current evidence-based treatment recommendations results in decreased morbidity and mortality from diabetes.

PRIMARY CLINICAL COMPONENT

Diabetes mellitus; Hemoglobin (Hb) A1c; low-density lipoprotein (LDL) cholesterol; blood pressure; aspirin; tobacco

DENOMINATOR DESCRIPTION

Members with diabetes (Type I and Type II) age 18 through 75 years (see the "Description of Case Finding" and "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

The number of members from the denominator who reach treatment targets for all numerator components (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Management of type 2 diabetes mellitus.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

HealthPartners. 2005 clinical indicators report: 2004/2005 results. Bloomington (MN): HealthPartners, Inc; 2005 Oct. 82 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting
Pay-for-performance

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Dietitians
Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age 40 to 75 years for the "Aspirin Use" component; age 18 to 75 years for all other measure components

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Members, age 18 through 75 years, who were continuously enrolled from January 1st to December 31st of the reporting year with not more than a 45-day break in coverage. Include members who had two or more encounters in an ambulatory or non-acute inpatient setting, one or more encounters in an acute inpatient or emergency room setting during the measurement year or year prior with a diagnosis of diabetes, or who were dispensed insulin or oral hypoglycemic prescriptions.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Members with diabetes (Type I and Type II) age 18 through 75 years (see the "Description of Case Finding" field)

Exclusions

Members can be validly excluded from the sample for the following reasons during the measurement year: member died, resident in nursing home, or hospice. Sampling error (i.e., member does not have diabetes).

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of members from the denominator who reach treatment targets* for all numerator components:

- Hemoglobin A1c (HbA1c) Levels--Diabetic population who had an HbA1c test during the measurement year with a level greater than 0 and less than or equal to 7% for the most recent screening.
- Low-Density Lipoprotein (LDL) Level--Diabetic population who had an LDL test during the measurement year or the year prior to the measurement year with a level less than 100 mg/dl for the most recent screening.
- Tobacco Non-User--Diabetic population with documented non-smoking status.
- Blood Pressure Control--Diabetic population whose blood pressure is less than 130/80 mm Hg during the measurement year.
- Aspirin Use (age greater than 40 years)--Diabetic population eligible for aspirin use and who were on aspirin therapy.

*Numerator component target measure may be modified to reflect changing recommendations of treatment targets.

Exclusions

Members contraindicated to aspirin therapy are excluded from the "Aspirin Use" component of the measure.

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative and medical records data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

OUTCOME TYPE

Clinical Outcome

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Percent reaching all targets*-2005 Goal:

- Excellent--25%
- Superior--30%

*Targets: hemoglobin A1c (HbA1c) less than or equal to 7%; low-density lipoprotein (LDL) cholesterol less than 100 mg/dl; blood pressure (BP) less than 130/80 mm Hg; aspirin use for members greater than 40 years old; documented non-tobacco use)

EVIDENCE FOR PRESCRIPTIVE STANDARD

HealthPartners. 2005 clinical indicators report: 2004/2005 results. Bloomington (MN): HealthPartners, Inc; 2005 Oct. 82 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

This measure has been used to report medical group and health plan performance for seven years. Data accuracy has been verified by medical group and health plan personnel over that period.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Diabetes Quality Improvement Project (DQIP) initial measure set (final version). [Web site]. Washington (DC): National Committee for Quality Assurance (NCQA); [updated 2006 May 16]; [cited 2004 Jul 01]. [various].

Institute for Clinical Systems Improvement (ICSI). Management of type 2 diabetes mellitus. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Nov. 79 p. [113 references]

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 p.

Identifying Information

ORIGINAL TITLE

Optimal diabetes care.

MEASURE COLLECTION

[HealthPartners Clinical Indicators](#)

MEASURE SET NAME

[Diabetes Care \(HealthPartners Clinical Indicators\)](#)

DEVELOPER

HealthPartners

ENDORSER

Minnesota Council of Health Plans (MN Community Measurement Project©)

ADAPTATION

Denominator definitions and hemoglobin A1c (HbA1c) and low-density lipoprotein cholesterol (LDL-Chol) numerator technical specifications are adapted from National Committee for Quality Assurance's (NCQA's) Comprehensive Diabetes

Care measure; however the Health Plan Employer Data & Information Set (HEDIS) Diabetes measures reflect performance for individual components only. HealthPartners Optimal Diabetes Care measure is a patient-centered, all-or-none composite measure that reflects whether diabetes care was optimized for individual patients by assessing the multiple components necessary for excellent care. To be optimally managed, the patient must have all risk factors managed at treatment targets.

PARENT MEASURE

Comprehensive Diabetes Care (National Committee for Quality Assurance [NCQA] Health Plan Employer Data & Information Set [HEDIS] 2006)

RELEASE DATE

2001 Oct

REVISION DATE

2005 Oct

MEASURE STATUS

This is the current release of the measure.

This measure updates a previously published version: HealthPartners. 2004 clinical indicators report: 2003/2004 results. Bloomington (MN): HealthPartners, Inc; 2004 Oct 1. 71 p.

SOURCE(S)

HealthPartners. 2005 clinical indicators report: 2004/2005 results. Bloomington (MN): HealthPartners, Inc; 2005 Oct. 82 p.

MEASURE AVAILABILITY

The individual measure, "Optimal Diabetes Care," is published in the "2005 Clinical Indicators Report: 2004/2005 Results." p 13-17

For print copies of the 2005 Clinical Indicators Report: 2004/2005 Results, please contact HealthPartners Performance Measurement and Improvement Department at (952) 883-5777; Web site: www.healthpartners.com.

COMPANION DOCUMENTS

The following is available:

- Institute for Clinical Systems Improvement (ICSI). Management of type 2 diabetes mellitus. Bloomington (MN): Institute for Clinical Systems

Improvement (ICSI); 2005 Nov. 79 p. This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

NQMC STATUS

This NQMC summary was completed by ECRI on May 6, 2005. The information was verified by the measure developer on June 18, 2005. This NQMC summary was updated by ECRI on May 16, 2006. The information was verified by the measure developer on August 17, 2006.

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